



MECHANIZED LOGGING

SUPPLEMENTAL QUARTERLY REPORT

SUBMIT WITH QUARTERLY REPORT OR FAX TO 360 902-5399 INCLUDE REQUIRED INFORMATION IF SUBSTITUTING FORM

BUSINESS NAME		ACCOUNT ID		YEAR 20
PHONE		UBI #	QUARTER (check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
NAME	SS#	EQUIPMENT	WAGES	HOURS
TOTAL 5005 HOURS FOR QUARTER:				

ATTACH ADDITIONAL SHEETS AS REQUIRED